## PART B - FEE(S) TRANSMITTAL

			or <u>F</u> a	Commissioner P.O. Box 1450 Alexandria, Vi <u>x</u> (571)-273-2885	for Patents irginia 22313-1450	(	
INSTRUCTIONS: And so appropriate. All feetber co relicated unless the rected manufectable notification	orm should be used for tra prespondence including the below or directed otherwis ns.	nsmitting the ISS Patent, advance of e in Block 1, by	SUE FEE and PUE orders and notificat (a) specifying a ne	LICATION FEE (if roion of maintenance feew correspondence addr	equired). Blocks 1 through 5 es will be mailed to the currer ess; and/or (b) indicating a se	should be completed where at correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of ad  26770 7590 03/02/2006  DAVID S. RESNICK  NIXON PEABODY LLP 100 SUMMER STREET  BOSTON, MA 02110-2131				Note: A certificate Fee(s) Transmittal. papers. Each additi have its own certific	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission.		
			· ·	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
05/31/2006 CCHAU2 00000 01 FC:2501 700.00 02 FC:8001 30.00		5				(Depositor's name) (Signature) (Date)	
APPLICATION NO.			FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/890,816 08/01/2001 Neil Lightowler 740789-051830 7941 TITLE OF INVENTION: NEURAL PROCESSING ELELENT FOR USE IN A NEURAL NETWORK							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	)	\$0	\$700	06/02/2006	
EXAM	EXAMINER		IIT .	CLASS-SUBCLASS			
HOLMES, MICHAEL B  1. Change of correspondence address or indication of "Fee		2121		706-015000	_		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3 ASSIGNEE NAME AND RESIDENCE DATA TO BE SENTITED ON			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  A XEON LIMITED  UNITED KINGDOM  Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed:  Ab. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.							
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This collection of information an application. Confidentiality submitting the completed appl this form and/or suggestions for Box 1450, Alexandria, Virgini Alexandria, Virginia 22313-14 Under the Paperwork Reductio							

**PATENT** 

## Pracritioner's Docket No. <u>035071-051830</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Neil Lightowler

Application No.:

09/890,816

Group No.:

2121

Filed: For:

08/01/2001 Examiner: Michael B. Holmes NEURAL PROCESSING ELEMENT FOR USE IN A NEURAL

NETWORK

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

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